

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street) ▼

2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. **FEC IDENTIFICATION NUMBER** ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

FL

20

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	112819.23	725160.15
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112819.23	725160.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	91809.75	509790.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	15500.00	15500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76309.75	494290.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	275689.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	93616.60	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43896.54	231398.40
(ii) Unitemized.....	56922.69	481761.75
(iii) TOTAL of contributions from individuals ▶	100819.23	713160.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	12000.00	12000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	112819.23	725160.15
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	12000.00	25000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	12000.00	25000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	15500.00	15500.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	140319.23	765660.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91809.75	509790.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3800.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3800.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	91809.75	513590.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	227179.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	140319.23
25. SUBTOTAL (add Line 23 and Line 24).....	367498.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91809.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	275689.01

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS JEAN ADAMS**

Mailing Address 625 WILLOW VALLEY SQ  
# F-406

City LANCASTER State PA Zip Code 17602

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.51194**

Amount of Each Receipt this Period  
 Campaign Contribution  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
**MS JEAN ADAMS**

Mailing Address 625 WILLOW VALLEY SQ  
# F-406

City LANCASTER State PA Zip Code 17602

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.51196**

Amount of Each Receipt this Period  
 Campaign Contribution  
 20.00

**C.** Full Name (Last, First, Middle Initial)  
**MISS MARIE ADAMS**

Mailing Address 857 NOTRE DAME DR

City WOODLAND State CA Zip Code 95695

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51197**

Amount of Each Receipt this Period  
 Campaign Contribution  
 35.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR WILLIAM ADAMSON JR**

Mailing Address 1400 WAVERLY RD  
APT A222

City State Zip Code  
GLADWYNE PA 19035

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.51201**

Amount of Each Receipt this Period

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS JANET ALLISON**

Mailing Address 5825 SW 28TH ST

City State Zip Code  
TOPEKA KS 66614

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TEACHER TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.51222**

Amount of Each Receipt this Period

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH ANDERSON**

Mailing Address 2201 STRODEN CIR

City State Zip Code  
GOLDEN VALLEY MN 55427

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.51230**

Amount of Each Receipt this Period

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR WILLIAM A ATHENS**

Mailing Address 19545 PARKE LN

City State Zip Code  
GROSSE ILE MI 48138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.51272**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE C AVENT**

Mailing Address PO BOX 210

City State Zip Code  
KINGSTREE SC 29556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SA11AI.51277**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**KEN BAER**

Mailing Address 27 COKER DR

City State Zip Code  
AIKEN SC 29803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11AI.51284**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOHNNIE BAKER</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014
Mailing Address PO BOX 163		<b>Transaction ID : SA11AI.51292</b>
City WRIGHTSVILLE BEACH	State NC	Zip Code 28480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>JOHNNIE BAKER</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014
Mailing Address PO BOX 163		<b>Transaction ID : SA11AI.51297</b>
City WRIGHTSVILLE BEACH	State NC	Zip Code 28480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>Ray R. Barret</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2014
Mailing Address HC 34 POBOX 33		<b>Transaction ID : SA11AI.51319</b>
City Midkiff	State TX	Zip Code 79755
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JAMES BARRETT**

Mailing Address **611 PHILADELPHIA AVE**

City **TAKOMA PARK** State **MD** Zip Code **20912**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : SA11AI.51320**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JEAN BAUMGARTEN**

Mailing Address **3530 PIEDMONT RD NE APT 8L**  
**APT 8L**

City **ATLANTA** State **GA** Zip Code **30305**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 09 / 2014**

**Transaction ID : SA11AI.51334**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Kimberly Bellissimo**

Mailing Address **1155 15 Th St. NW**  
**Suite 410**

City **Washington** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Base Connect** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.51358**

Amount of Each Receipt this Period  
**1000.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1075.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR RICHARD G BENNETT**

Mailing Address 1694 E HAYDEN AVE

City HAYDEN LAKE State ID Zip Code 83835

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.51362**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DOWLTON M BERRY**

Mailing Address 2372 SUNSET CURV

City UPLAND State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.51371**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DOWLTON M BERRY**

Mailing Address 2372 SUNSET CURV

City UPLAND State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.51372**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

140.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS LITA BIEJO**

Mailing Address **9555 W LOS ANGELES AVE**

City **MOORPARK** State **CA** Zip Code **93021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**222.07**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51379**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS LITA BIEJO**

Mailing Address **9555 W LOS ANGELES AVE**

City **MOORPARK** State **CA** Zip Code **93021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**260.27**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 17 / 2014**

**Transaction ID : SA11AI.51382**

Amount of Each Receipt this Period  
**38.20**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROBERT E BLEDSOE**

Mailing Address **S5240 DAMAR PRIVATE DR**

City **EAU CLAIRE** State **WI** Zip Code **54701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : SA11AI.51397**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**108.20**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT E BLEDSOE**

Mailing Address S5240 DAMAR PRIVATE DR

City EAU CLAIRE State WI Zip Code 54701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51396**

Amount of Each Receipt this Period  
90.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS DORIS C BONIN**

Mailing Address 905 BLUE RIDGE DR

City STAUNTON State VA Zip Code 24401

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
281.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.51416**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS RUTH BORUN**

Mailing Address 344 S CLIFFWOOD AVE

City LOS ANGELES State CA Zip Code 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.51423**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

243.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JON F BOUCHER**

Mailing Address **77-6481 KALI IKI ST**

City **KAILUA KONA** State **HI** Zip Code **96740**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51426**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS JACQUELINE BOWE**

Mailing Address **1 BISHOP GADSDEN WAY  
APT 314**

City **CHARLESTON** State **SC** Zip Code **29412**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.51430**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS CAROLINE E BOYD**

Mailing Address **4424 CAROLINA HWY**

City **DENMARK** State **SC** Zip Code **29042**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51436**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**375.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 157		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAUL davis BREITHAUPT**

Mailing Address 2025 SWAN DR

City COSTA MESA State CA Zip Code 92626

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**695.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51461**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**OTTO BRESKY JR**

Mailing Address 2167 PALM TREE DR

City PUNTA GORDA State FL Zip Code 33950

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51465**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Alvin Lloyd Brown**

Mailing Address 1811 SW 17th Street

City Boca Raton State FL Zip Code 33486

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.51487**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR HAROLD G BROWN**

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.51477**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR HAROLD G BROWN**

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
530.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.51478**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR HAROLD G BROWN**

Mailing Address 1336 WALNUT ST

City KINGMAN State KS Zip Code 67068

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
630.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.51476**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT L BROWN JR**

Mailing Address **PO BOX 885**

City **MULBERRY** State **FL** Zip Code **33860**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.51485**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS ELIZABETH E BRUNETT**

Mailing Address **911 N BRYN DR**

City **GROSSE POINTE** State **MI** Zip Code **48236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51489**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ELDON L BUCKNER**

Mailing Address **13967 HUNT MOUNTAIN LN**

City **BAKER CITY** State **OR** Zip Code **97814**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **RANCHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : SA11AI.51497**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**210.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD BURGESS**

Mailing Address 1404 THORNHILL RD

City YOUNGSTOWN State OH Zip Code 44505

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.51505**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD BURGESS**

Mailing Address 1404 THORNHILL RD

City YOUNGSTOWN State OH Zip Code 44505

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51506**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JOHN BURR**

Mailing Address PO BOX 292392

City PHELAN State CA Zip Code 92329

FEC ID number of contributing federal political committee. **C**

Name of Employer TEACHER Occupation TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.51510**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN BURR**

Mailing Address **PO BOX 292392**

City **PHELAN** State **CA** Zip Code **92329**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TEACHER** Occupation **TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51511**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ORLANDO CABRERA MD**

Mailing Address **1865 BRICKELL AVE APT A2003  
APT A2003**

City **MIAMI** State **FL** Zip Code **33129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **MD**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.51533**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS BEVERLY CAMPBELL**

Mailing Address **PO BOX 251**

City **PERU** State **KS** Zip Code **67360**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 18 / 2014**

**Transaction ID : SA11AI.51541**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**235.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SHARON S CANN**

Mailing Address 55 HONOLII PL

City HILO State HI Zip Code 96720

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51542**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS JOYCE CARAWAY**

Mailing Address 123 ERIN DR

City KERRVILLE State TX Zip Code 78028

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
334.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.51547**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ANNE CARPENTER**

Mailing Address 12494 N ROYAL LN

City THIENSVILLE State WI Zip Code 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
775.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : SA11AI.51558**

Amount of Each Receipt this Period  
250.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

333.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MISS MARY A CASSARD**

Mailing Address 2720 WHITNEY PL APT 402  
APT 402

City METAIRIE State LA Zip Code 70002

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51562**

Amount of Each Receipt this Period  
300.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS DOROTHY CLAPP**

Mailing Address 2225 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.51590**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS DOROTHY CLAPP**

Mailing Address 2225 DEVONSHIRE WAY

City PALM BEACH GARDENS State FL Zip Code 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
360.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.51591**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR ALAN COBB**

Mailing Address **77 WENDOVER WAY**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.51609**

Amount of Each Receipt this Period  
**150.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Louise J. Coffey**

Mailing Address **180 7Th Ave. S.**

City **Naples** State **FL** Zip Code **34102**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.51615**

Amount of Each Receipt this Period  
**300.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS BERNADINE COLLOTON**

Mailing Address **PO BOX 215**

City **EAST SCHODACK** State **NY** Zip Code **12063**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.51628**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**475.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS BERNADINE COLLOTON**

Mailing Address **PO BOX 215**

City **EAST SCHODACK** State **NY** Zip Code **12063**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **305.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51629**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS FLEURETTE COLUCCI**

Mailing Address **240 E 47TH ST  
APT 38C**

City **NEW YORK** State **NY** Zip Code **10017**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.51631**

Amount of Each Receipt this Period  
**210.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ESTHER F CONSTANCE**

Mailing Address **141 MEADOWLARK DR**

City **Hamilton** State **NJ** Zip Code **08690**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11AI.51643**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**335.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR NORMAN COQUYT**

Mailing Address 419 NW FAIRWAY DR

City LAKE CITY State FL Zip Code 32055

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : SA11AI.51657**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR NORMAN COQUYT**

Mailing Address 419 NW FAIRWAY DR

City LAKE CITY State FL Zip Code 32055

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.51658**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**BETTY R. CRAWFORD**

Mailing Address 601 ASPEN TRL

City MUSCATINE State IA Zip Code 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.51693**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BETTY R. CRAWFORD**

Mailing Address 601 ASPEN TRL

City State Zip Code  
MUSCATINE IA 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.51692**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD DARROW**

Mailing Address 7 ROLLING RIDGE DR

City State Zip Code  
MILTON PA 17847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.51731**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR JOHN H DAVIS**

Mailing Address 218 GERARD CIR

City State Zip Code  
MC CORMICK SC 29835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51741**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

175.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 157  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH DELEO**

Mailing Address **3 WYNNFIELD CIR**

City **SOUTHWICK** State **MA** Zip Code **01077**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.51756**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT DEMPSEY**

Mailing Address **1461 LANDINGS CIR**

City **SARASOTA** State **FL** Zip Code **34231**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51765**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS JANET S DEY**

Mailing Address **29968 MARQUETTE ST**

City **GARDEN CITY** State **MI** Zip Code **48135**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.51778**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**385.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR PAUL DICKEY JR**

Mailing Address **216 PENDLETON AVE**

City **PALM BEACH** State **FL** Zip Code **33480**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**327.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.51781**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DOROTHY DI GIALLORENZO**

Mailing Address **1607 ULSTER LN**

City **WEST CHESTER** State **PA** Zip Code **19380**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.51779**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Sidney Dinerstein**

Mailing Address **15 St. George Place**

City **Palm Beach Gardens** State **FL** Zip Code **33418**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Entrepreneur** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1955.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.51794**

Amount of Each Receipt this Period  
**955.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1130.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR PAUL DINOFRIO**

Mailing Address **7708 BRIAR LN**

City **BELLAIRE** State **MI** Zip Code **49615**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51795**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**GLADYS E. DOANE**

Mailing Address **3 BROADVIEW**

City **KIRKSVILLE** State **MO** Zip Code **63501**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1180.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.51802**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**KATHRYN DODD**

Mailing Address **7955 CORDOBA PL**

City **NAPLES** State **FL** Zip Code **34113**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.51803**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**110.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>KATHRYN DODD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 7955 CORDOBA PL		<b>Transaction ID : SA11AI.51804</b>
City NAPLES	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.00	

Full Name (Last, First, Middle Initial) <b>MR JAMES DOIG</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 808 NE 102ND AVE		<b>Transaction ID : SA11AI.51807</b>
City PORTLAND	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>MR JAMES DOIG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 808 NE 102ND AVE		<b>Transaction ID : SA11AI.51808</b>
City PORTLAND	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.75
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 497.75	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EMILY E. DONAHUE**

Mailing Address 3931 OLIVER ST

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SA11AI.51809**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City State Zip Code  
KING WILLIAM VA 23086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.51829**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JOHN EDGEWORTH**

Mailing Address 8776 PEBBLE CREEK LN

City State Zip Code  
SARASOTA FL 34238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.51845**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ERNEST ELLISON**

Mailing Address 6720 CHURCHILL PARK CT

City State Zip Code  
CHARLOTTE NC 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51865**

Amount of Each Receipt this Period  
**400.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**E ENDRESEN**

Mailing Address 57 TENNIS CLUB DR

City State Zip Code  
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CAPITOL MGMT PARTNERS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**236.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.51874**

Amount of Each Receipt this Period  
**80.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ANN T FAIN**

Mailing Address 2 HALFWAY RD

City State Zip Code  
KEY LARGO FL 33037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**813.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.51902**

Amount of Each Receipt this Period  
**338.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**818.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JOHN FAKULT**

Mailing Address 232 E 293RD ST

City: WILLOWICK State: OH Zip Code: 44095

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 05 / 2014

**Transaction ID : SA11AI.51903**

Amount of Each Receipt this Period: 100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**William J. Faloon**

Mailing Address 844 N.E. 71st street

City: Boca Raton State: FL Zip Code: 33487

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2528.00

Date of Receipt: 09 / 25 / 2014

**Transaction ID : SA11AI.51905**

Amount of Each Receipt this Period: 1000.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**CHARLOTTE FEE**

Mailing Address 11821 SE 136TH CT

City: OCKLAWAHA State: FL Zip Code: 32179

FEC ID number of contributing federal political committee: C

Name of Employer: retired Occupation: retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 215.00

Date of Receipt: 09 / 22 / 2014

**Transaction ID : SA11AI.51915**

Amount of Each Receipt this Period: 50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR DAVID E FINDLEY**

Mailing Address 5403 TOURAIN DR

City State Zip Code  
TALLAHASSEE FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**346.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 11 2014**

**Transaction ID : SA11AI.51936**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR DAVID E FINDLEY**

Mailing Address 5403 TOURAIN DR

City State Zip Code  
TALLAHASSEE FL 32308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**446.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : SA11AI.51937**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JOHN FIRLEY**

Mailing Address 6465 SW 23RD ST

City State Zip Code  
MIAMI FL 33155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**231.85**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 27 2014**

**Transaction ID : SA11AI.51940**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**210.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY W FOISTER**

Mailing Address 2313 NW 75TH ST

City LAWTON State OK Zip Code 73505

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.51956**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR DALE FORTIK**

Mailing Address 3009 RAY AVE

City CALDWELL State ID Zip Code 83605

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.51962**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR RICHARD L FRANCIS**

Mailing Address 13114 PACIFIC ST

City OMAHA State NE Zip Code 68154

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.51980**

Amount of Each Receipt this Period  
400.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 157  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR RICHARD L FRANCIS**

Mailing Address 13114 PACIFIC ST

City OMAHA State NE Zip Code 68154

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation WRITER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : SA11AI.51981**

Amount of Each Receipt this Period  
400.00  
Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**TOM FREDERICKSEN**

Mailing Address 13463 MARGO ST

City OMAHA State NE Zip Code 68138

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
431.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.51986**

Amount of Each Receipt this Period  
33.42  
Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FREEDOM'S DEFENSE FUND**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

FEC ID number of contributing federal political committee. **C** C00401786

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.54046**

Amount of Each Receipt this Period  
5000.00  
Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5433.42

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 157  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR EDWARD D FRICK**

Mailing Address 2216 WALLACE ST

City State Zip Code  
STROUDSBURG PA 18360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.51988**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT FUREK**

Mailing Address 1370 CUTLER CT

City State Zip Code  
MARCO ISLAND FL 34145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2014

**Transaction ID : SA11AI.51999**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS MARTHA GAINES**

Mailing Address 4610 NW 10TH TER

City State Zip Code  
FORT LAUDERDALE FL 33309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52002**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**310.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOSEPH GALDI II</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 7570 N COBBLESTONE RD		<b>Transaction ID : SA11AI.52003</b>
City TUCSON	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>MS JOYCE M GALE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 7928 E PUEBLO AVE UNIT 55		<b>Transaction ID : SA11AI.52005</b>
City MESA	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00	

Full Name (Last, First, Middle Initial) <b>MS JOYCE M GALE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 7928 E PUEBLO AVE UNIT 55		<b>Transaction ID : SA11AI.52007</b>
City MESA	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS JOYCE M GALE**

Mailing Address **7928 E PUEBLO AVE**  
**UNIT 55**

City **MESA** State **AZ** Zip Code **85208**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**340.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : SA11AI.52006**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR THOMAS GALLAGHER**

Mailing Address **1250 CAVE ST**  
**Unit 3**

City **LA JOLLA** State **CA** Zip Code **92037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 08 / 2014**

**Transaction ID : SA11AI.52009**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS BETTY GARDNER**

Mailing Address **1572 GOODIN HOLLOW RD**

City **NOEL** State **MO** Zip Code **64854**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**338.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.52013**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City NOEL State MO Zip Code 64854

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**438.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.52014**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS VIRGINIA L GAYLORD**

Mailing Address 430 N VINEDO AVE

City PASADENA State CA Zip Code 91107

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 14 / 2014**

**Transaction ID : SA11AI.52024**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR BENJAMIN GERINGER**

Mailing Address 1449 ARLINGTON DR

City LODI State CA Zip Code 95242

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.52031**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MS LISE GOGA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2014
Mailing Address 95-1089 PAEMOKU PL		<b>Transaction ID : SA11AI.52060</b>
City MILILANI	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer retired	Occupation retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 885.00	

Full Name (Last, First, Middle Initial) <b>MS LISE GOGA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2014
Mailing Address 95-1089 PAEMOKU PL		<b>Transaction ID : SA11AI.52059</b>
City MILILANI	State HI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer retired	Occupation retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1060.00	

Full Name (Last, First, Middle Initial) <b>Lawrence J Goldrich</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 18 / 2014
Mailing Address 6477 College Park Square 306		<b>Transaction ID : SA11AI.52068</b>
City Virginia Beach	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 33.42
Name of Employer Retired	Occupation retired	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 212.34	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.42
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES GORDER SR**

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.52080**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES GORDER SR**

Mailing Address 5526 TOYON RD

City SAN DIEGO State CA Zip Code 92115

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52081**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR CHARLES E GRANITO**

Mailing Address 11421 GOLDEN EAGLE

City NAPLES State FL Zip Code 34120

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52101**

Amount of Each Receipt this Period  
150.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOANNE L GREEN**

Mailing Address 317 N HAGADORN RD

City EAST LANSING State MI Zip Code 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11AI.52109**

Amount of Each Receipt this Period  
 Campaign Contribution **50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD S GRIFFITH**

Mailing Address 3417 MILAM STREET

City LAFAYETTE State LA Zip Code 70509

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOY Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52115**

Amount of Each Receipt this Period  
 Campaign Contribution **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**STAN GUILLAME**

Mailing Address 3100 NE 48TH ST  
APT 105

City FORT LAUDERDALE State FL Zip Code 33308

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52136**

Amount of Each Receipt this Period  
 Campaign Contribution **200.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR LAWRENCE HALL</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address PO BOX 728		<b>Transaction ID : SA11AI.52146</b>	
City ELIZABETHTOWN	State KY	Zip Code 42702	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>MR KENNETH R HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 1130 S BUNCH ST		<b>Transaction ID : SA11AI.52167</b>	
City PAHRUMP	State NV	Zip Code 89048	Amount of Each Receipt this Period Campaign Contribution 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation UNEMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 566.86		

Full Name (Last, First, Middle Initial) <b>MR KENNETH R HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 1130 S BUNCH ST		<b>Transaction ID : SA11AI.52169</b>	
City PAHRUMP	State NV	Zip Code 89048	Amount of Each Receipt this Period Campaign Contribution 5.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation UNEMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 571.86		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BOBBYE HARRIS**

Mailing Address 135 WINDSOR DR

City CALHOUN State GA Zip Code 30701

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : SA11AI.52193**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.52203**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **295.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.52205**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**270.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City LEXINGTON State VA Zip Code 24450

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52204**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**FRANCIS HECK**

Mailing Address 1213 E SHERIDAN ST

City LARAMIE State WY Zip Code 82070

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
211.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52229**

Amount of Each Receipt this Period  
15.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FRANCIS HECK**

Mailing Address 1213 E SHERIDAN ST

City LARAMIE State WY Zip Code 82070

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
223.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52230**

Amount of Each Receipt this Period  
12.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

52.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS DANA HELLYER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PO BOX 1043		<b>Transaction ID : SA11AI.52243</b>
City BAKER	State MT	Zip Code 59313
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 513.00	

Full Name (Last, First, Middle Initial) <b>B. MRS DANA HELLYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address PO BOX 1043		<b>Transaction ID : SA11AI.52244</b>
City BAKER	State MT	Zip Code 59313
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 77.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 590.00	

Full Name (Last, First, Middle Initial) <b>C. ALAN F HERBERT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 25550 N TUSCARORA CT		<b>Transaction ID : SA11AI.50908</b>
City LAKE BARRINGTON	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CAMPAIGN DONATION	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1154.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Herbert**

Mailing Address 2399 Gulf Of Mexico Dr. Unit 3B1

City Longboat Key State FL Zip Code 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer Trustee Occupation Hollister Inc

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.52254**

Amount of Each Receipt this Period  
 Campaign Contribution 955.00

**B.** Full Name (Last, First, Middle Initial)  
**LORETTA HEWITT**

Mailing Address 757 FORT EBEBY RD

City COUPEVILLE State WA Zip Code 98239

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.52258**

Amount of Each Receipt this Period  
 Campaign Contribution 130.00

**C.** Full Name (Last, First, Middle Initial)  
**LORETTA HEWITT**

Mailing Address 757 FORT EBEBY RD

City COUPEVILLE State WA Zip Code 98239

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52259**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1185.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR HAL D HICHBORN RET'D**

Mailing Address 1545 MATHEWS AVE  
#3

City State Zip Code  
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
226.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.52261**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR EDWARD HOLSEN**

Mailing Address 560 S LIBERTY ST

City State Zip Code  
VALDERS WI 54245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
206.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52300**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR EDWARD HOLSEN**

Mailing Address 560 S LIBERTY ST

City State Zip Code  
VALDERS WI 54245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
231.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : SA11AI.52301**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

105.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City State Zip Code  
BEAVERCREEK OH 45430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.52329**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City State Zip Code  
BEAVERCREEK OH 45430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
460.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52337**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR GREG J HUGHES**

Mailing Address 2719 TIHART WAY

City State Zip Code  
BEAVERCREEK OH 45430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52336**

Amount of Each Receipt this Period  
60.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

180.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 49 OF 157

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR THOMAS E. HUMPHREYS**

Mailing Address 4006 W 21st Street

City Gainesville State FL Zip Code 32608

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.52341**

Amount of Each Receipt this Period  
 100.00  
 Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR BRUCE C JACOBSEN**

Mailing Address 1019 WALLOON CT

City Lake Orion State MI Zip Code 48360

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 24 / 2014

**Transaction ID : SA11AI.52375**

Amount of Each Receipt this Period  
 100.00  
 Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**PATRICIA L JACOBSEN**

Mailing Address 7940 AMALFI WAY

City Fair Oaks State CA Zip Code 95628

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 223.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52374**

Amount of Each Receipt this Period  
 50.00  
 Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR LOREN JAHN**

Mailing Address 13149 N COUNTRY CLUB CT

City PALOS HEIGHTS State IL Zip Code 60463

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.52379**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ROBERT JEGLUM**

Mailing Address 137 E WILSON ST UNIT 1011  
1011

City MADISON State WI Zip Code 53703

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.52396**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DOUGLAS E JOHNSTONE**

Mailing Address 3211 S OCEAN BLVD  
Apt 1001

City HIGHLAND BEACH State FL Zip Code 33487

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 20 / 2014**

**Transaction ID : SA11AI.52443**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**385.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR DUDLEY D JONES MD**

Mailing Address 300 N CREEKWOOD DR

City MANSFIELD State TX Zip Code 76063

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.52454**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS JOSEPHINE JOYCE**

Mailing Address 501 WOLD U S HWY 441 C104  
C104

City MOUNT DORA State FL Zip Code 32757

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52461**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Paul Michael Karppinen**

Mailing Address 2378 Rice Pond Road

City Charleston State SC Zip Code 29414

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
395.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.52475**

Amount of Each Receipt this Period  
95.50

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

205.50

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JEROME KAUFMAN**

Mailing Address 5418 WOODLAND ST

City State Zip Code  
STEVENS POINT WI 54482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
320.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.52486**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JEROME KAUFMAN**

Mailing Address 5418 WOODLAND ST

City State Zip Code  
STEVENS POINT WI 54482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
355.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52488**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROBERT KITTREDGE**

Mailing Address 622 N DARTMOUTH RD

City State Zip Code  
SPOKANE VALLEY WA 99206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.52537**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

120.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROY W KNIPPER JR**

Mailing Address 19 LAUREL LAKE DR

City HUDSON State OH Zip Code 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **760.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 13 / 2014**

**Transaction ID : SA11AI.52546**

Amount of Each Receipt this Period  
**450.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ROY W KNIPPER JR**

Mailing Address 19 LAUREL LAKE DR

City HUDSON State OH Zip Code 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1435.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.52547**

Amount of Each Receipt this Period  
**675.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS MARY G KOEHL**

Mailing Address 1307 MANOR LAKE CT

City RICHMOND State TX Zip Code 77406

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **960.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 08 / 2014**

**Transaction ID : SA11AI.52551**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1225.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS MARY G KOEHL**

Mailing Address 1307 MANOR LAKE CT

City State Zip Code  
RICHMOND TX 77406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1073.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.52552**

Amount of Each Receipt this Period  
113.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR PETER G KOERTEN**

Mailing Address 13517 AURORA DR APT 103  
APT 103

City State Zip Code  
SAN LEANDRO CA 94577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
585.50

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.52556**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR PETER G KOERTEN**

Mailing Address 13517 AURORA DR APT 103  
APT 103

City State Zip Code  
SAN LEANDRO CA 94577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
685.50

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.52557**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

313.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR GENE K KOMATSU**

Mailing Address 1804 HARKNESS ST

City State Zip Code  
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Gen Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : SA11AI.52562**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Kronk**

Mailing Address 9990 N.W. 39th Street

City State Zip Code  
Hollywood FL 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
477.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : SA11AI.52588**

Amount of Each Receipt this Period  
477.50

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS MARJORIE K LAHM**

Mailing Address 5129 MALLET CLUB DR

City State Zip Code  
DAYTON OH 45439

FEC ID number of contributing federal political committee. **C**

Name of Employer NURSE Occupation NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 10 / 2014

**Transaction ID : SA11AI.52605**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

602.50

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN LAIRD**

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City State Zip Code  
ATTAPULGUS GA 39815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52606**

Amount of Each Receipt this Period  
15.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**JEAN LAIRD**

Mailing Address 688 FACEVILLE ATTAPULGUS RD

City State Zip Code  
ATTAPULGUS GA 39815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.52607**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DAN W LAKENMACHER**

Mailing Address 10312 HIGHWAY 36 N

City State Zip Code  
BRENHAM TX 77833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
313.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2014

**Transaction ID : SA11AI.52608**

Amount of Each Receipt this Period  
25.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

65.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN M LAMB**

Mailing Address 2814 S ILLINOIS AVE

City State Zip Code  
CALDWELL ID 83605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : SA11AI.52609**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ELDON LATHAM**

Mailing Address 1212 SUNNYSIDE DR

City State Zip Code  
EUGENE OR 97404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
455.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.52631**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ELDON LATHAM**

Mailing Address 1212 SUNNYSIDE DR

City State Zip Code  
EUGENE OR 97404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
495.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.52632**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

120.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eliot Lazowick**

Mailing Address 8400 Trotters Lane

City State Zip Code  
Parkland FL 33067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.52646**

Amount of Each Receipt this Period  
 1000.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ROBERT LEIGHTON**

Mailing Address 1687 LAKE DR

City State Zip Code  
HEATH OH 43056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.52660**

Amount of Each Receipt this Period  
 35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROBERT LEIGHTON**

Mailing Address 1687 LAKE DR

City State Zip Code  
HEATH OH 43056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52659**

Amount of Each Receipt this Period  
 35.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1070.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS MARIE K LESETH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 1401 CELEBRATION AVE APT 206		<b>Transaction ID : SA11AI.52671</b>	
City KISSIMMEE	State FL	Zip Code 34747	Amount of Each Receipt this Period 100.00 Campaign Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 635.00		

Full Name (Last, First, Middle Initial) <b>B. MR MAX D LINN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address PO BOX 945		<b>Transaction ID : SA11AI.52696</b>	
City FORT SUMNER	State NM	Zip Code 88119	Amount of Each Receipt this Period 250.00 Campaign Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 585.00		

Full Name (Last, First, Middle Initial) <b>C. MR MAX D LINN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address PO BOX 945		<b>Transaction ID : SA11AI.52695</b>	
City FORT SUMNER	State NM	Zip Code 88119	Amount of Each Receipt this Period 600.00 Campaign Contribution
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1185.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR HAROLD G LIPPERT**

Mailing Address **PO BOX 965**  
**1012 20TH STREET**

City **FORT BENTON** State **MT** Zip Code **59442**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : SA11AI.52698**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR BERNARD LOUIS**

Mailing Address **30551 COUNTY HWY B**

City **LONE ROCK** State **WI** Zip Code **53556**

FEC ID number of contributing federal political committee. **C**

Name of Employer **retired** Occupation **retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.52719**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**LORRAINE LOVELACE**

Mailing Address **4974 RIO VERDE DR**

City **SAN JOSE** State **CA** Zip Code **95118**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PROVIDER** Occupation **PROVIDER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1995.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.52722**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**220.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS ALVINA LUNDSTEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 605 PARK AVE NW		<b>Transaction ID : SA11AI.52727</b>	
City WILLIAMS	State MN	Zip Code 56686	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. THOMAS J MACCARI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014	
Mailing Address 1224 HETFIELD AVE		<b>Transaction ID : SA11AI.52734</b>	
City SCOTCH PLAINS	State NJ	Zip Code 07076	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 100.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>C. MR JOHN MAIMONE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 19913 WINDY HILL DR		<b>Transaction ID : SA11AI.52740</b>	
City EUSTIS	State FL	Zip Code 32736	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 20.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR ROGER MALLAR</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address PO BOX 111		<b>Transaction ID : SA11AI.52747</b>
City HALLOWELL	State ME	Zip Code 04347
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00	

Full Name (Last, First, Middle Initial) <b>MRS HELEN MALLON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 50 CHUMASERO DR APT 5B		<b>Transaction ID : SA11AI.52748</b>
City SAN FRANCISCO	State CA	Zip Code 94132
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 221.00	

Full Name (Last, First, Middle Initial) <b>MRS RUTH MARK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1811 WOODGATE DR		<b>Transaction ID : SA11AI.52762</b>
City GOSHEN	State IN	Zip Code 46526
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS RUTH MARK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 1811 WOODGATE DR		<b>Transaction ID : SA11AI.52763</b>	
City GOSHEN	State IN	Zip Code 46526	Amount of Each Receipt this Period Campaign Contribution 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR KENNETH MARSHALL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 821 S BEMISTON AVE		<b>Transaction ID : SA11AI.52769</b>	
City SAINT LOUIS	State MO	Zip Code 63105	Amount of Each Receipt this Period Campaign Contribution 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. RONALD MCCLOSKEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 21320 N PERRY RD		<b>Transaction ID : SA11AI.52831</b>	
City COLBERT	State WA	Zip Code 99005	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR MELBOURNE K MCCREA**

Mailing Address 47148 145TH ST

City State Zip Code  
TWIN BROOKS SD 57269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.52833**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**BURTON MCPHEETERS**

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code  
GOTHENBURG NE 69138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2014

**Transaction ID : SA11AI.52862**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JEROME G MERKEL**

Mailing Address 410 DEERPATH DR

City State Zip Code  
WINTHROP HARBOR IL 60096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52878**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

225.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 157  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS JACQUELINE N MERSEREAU**

Mailing Address 16 SOUTHWOOD DR

City NORWALK State OH Zip Code 44857

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.52880**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS JOAN G MILAM**

Mailing Address 2673 CENTER COURT DR

City WESTON State FL Zip Code 33332

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.52891**

Amount of Each Receipt this Period  
 Campaign Contribution 100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR HERMAN L MILLER**

Mailing Address 4001 GLACIER HILLS DR UNIT 348  
Unit 348

City ANN ARBOR State MI Zip Code 48105

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.52898**

Amount of Each Receipt this Period  
 Campaign Contribution 50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

185.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS MARGARET R MILLER**

Mailing Address 13553 KENSINGTON PL

City State Zip Code  
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.52897**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS SHIRLEY A MILLER**

Mailing Address 620 NW KAY DR

City State Zip Code  
LEES SUMMIT MO 64063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**380.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.52899**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS SHIRLEY A MILLER**

Mailing Address 620 NW KAY DR

City State Zip Code  
LEES SUMMIT MO 64063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.52909**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**90.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS SHIRLEY A MILLER**

Mailing Address 620 NW KAY DR

City State Zip Code  
LEES SUMMIT MO 64063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
420.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SA11AI.52910**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR ROGER MILLS**

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code  
WILLOW PARK TX 76087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
371.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2014

**Transaction ID : SA11AI.52916**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROGER MILLS**

Mailing Address 3501 WHITE SETTLEMENT RD

City State Zip Code  
WILLOW PARK TX 76087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
421.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.52917**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

120.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MISS MARY MOFFITT**

Mailing Address 6315 W 51ST ST

City MISSION State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52936**

Amount of Each Receipt this Period  
 Campaign Contribution  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR WILLIAM MORRISON**

Mailing Address 137 E FAIRMONT AVE

City NEW CASTLE State PA Zip Code 16105

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11AI.52958**

Amount of Each Receipt this Period  
 Campaign Contribution  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**FRANCIS MORSE**

Mailing Address 4181 FORT JIM RD

City PLACERVILLE State CA Zip Code 95667

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.52962**

Amount of Each Receipt this Period  
 Campaign Contribution  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**200.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR CHERNA MOSKOWITZ**

Mailing Address 4744 N BAY RD

City State Zip Code  
MIAMI BEACH FL 33140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : SA11AI.52970**

Amount of Each Receipt this Period  
1000.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR CLAIR J MURPHY**

Mailing Address 1626 RUTH ST N

City State Zip Code  
SAINT PAUL MN 55119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.52986**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR CLAIR J MURPHY**

Mailing Address 1626 RUTH ST N

City State Zip Code  
SAINT PAUL MN 55119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.52987**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1070.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sanjay Narang**

Mailing Address 1779 North University Dr  
Suite 102

City State Zip Code  
Pembroke Pines FL 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GDKN Corp Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.53003**

Amount of Each Receipt this Period  
2600.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City State Zip Code  
NEWNAN GA 30265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2014

**Transaction ID : SA11AI.53009**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City State Zip Code  
NEWNAN GA 30265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SA11AI.53012**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2685.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH L NAULT**

Mailing Address 100 VISTA BELLA WAY

City NEWNAN State GA Zip Code 30265

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **310.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53011**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS SHIRLEY B NAUSS**

Mailing Address 4555 NE 66TH AVE APT 179  
APT 179

City VANCOUVER State WA Zip Code 98661

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53014**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FRANK M NICHOLS**

Mailing Address 534 OAK HARBOUR DR

City JUNO BEACH State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.53032**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**130.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR FRANK NOONAN**

Mailing Address **241 LOCUST AVE**

City **SAN RAFAEL** State **CA** Zip Code **94901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ACCOUNTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.53043**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR FRANK NOONAN**

Mailing Address **241 LOCUST AVE**

City **SAN RAFAEL** State **CA** Zip Code **94901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **ACCOUNTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 26 / 2014**

**Transaction ID : SA11AI.53042**

Amount of Each Receipt this Period  
**200.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS THELMA L NUSCHKE**

Mailing Address **9632 AUGUSTA NATIONAL**

City **FAYETTEVILLE** State **PA** Zip Code **17222**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**218.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : SA11AI.53048**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**335.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK OFFERMAN**

Mailing Address 823 ARCHER LN

City ELWOOD State IL Zip Code 60421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53053**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**FRANK OFFERMAN**

Mailing Address 823 ARCHER LN

City ELWOOD State IL Zip Code 60421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53052**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**LINDA OHLSEN**

Mailing Address 3425 CHRISTINA GROVES LN

City LAKELAND State FL Zip Code 33813

FEC ID number of contributing federal political committee. **C**

Name of Employer CPWT INC Occupation SECRETARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.53055**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**145.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGE OLIVER**

Mailing Address **PO BOX 373**

City **CENTER POINT** State **TX** Zip Code **78010**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53058**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**GEORGE OLIVER**

Mailing Address **PO BOX 373**

City **CENTER POINT** State **TX** Zip Code **78010**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **310.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 25 / 2014**

**Transaction ID : SA11AI.53057**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS JANET OWENS**

Mailing Address **140 HATCHETT RD**

City **ROEBUCK** State **SC** Zip Code **29376**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **263.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.53075**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**105.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR DALE OYHUS**

Mailing Address 13973 FRANKS CREEK RD

City MEDORA State ND Zip Code 58645

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53084**

Amount of Each Receipt this Period  
**90.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS PAPPAS**

Mailing Address 4808 S ARDEN AVE

City SIOUX FALLS State SD Zip Code 57103

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53100**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROY H PARK JR**

Mailing Address 1 HAMPTON HILL LN

City ITHACA State NY Zip Code 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation ADV MEDIA EXEC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53105**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**375.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR JAMES L PAULS**

Mailing Address 740 S PECOS ST

City State Zip Code  
DENVER CO 80223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wood Door Specialties Proj Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**265.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.53128**

Amount of Each Receipt this Period  
 Campaign Contribution  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**NELSON L PAYNE**

Mailing Address 37119 SABER CT

City State Zip Code  
GREENBACKVILLE VA 23356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**570.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.53132**

Amount of Each Receipt this Period  
 Campaign Contribution  
**35.00**

**C.** Full Name (Last, First, Middle Initial)  
**NELSON L PAYNE**

Mailing Address 37119 SABER CT

City State Zip Code  
GREENBACKVILLE VA 23356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**620.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 23 / 2014

**Transaction ID : SA11AI.53133**

Amount of Each Receipt this Period  
 Campaign Contribution  
**50.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**110.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>NELSON L PAYNE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2014
Mailing Address 37119 SABER CT		<b>Transaction ID : SA11AI.53131</b>
City GREENBACKVILLE	State VA	Zip Code 23356
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 820.00	

Full Name (Last, First, Middle Initial) <b>MR HAROLD PEWITT</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2014
Mailing Address 909 COTTONWOOD ST		<b>Transaction ID : SA11AI.53164</b>
City WOODLAND	State CA	Zip Code 95695
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.00 Campaign Contribution	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 610.00	

Full Name (Last, First, Middle Initial) <b>MS LINDA PIERCE-HEANEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2014
Mailing Address 48412 N BLACK CYN HWY PMB 373		<b>Transaction ID : SA11AI.53178</b>
City NEW RIVER	State AZ	Zip Code 85087
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00 Campaign Contribution	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 481.84	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS LINDA PIERCE-HEANEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 48412 N BLACK CYN HWY PMB 373		<b>Transaction ID : SA11AI.53179</b>	
City NEW RIVER	State AZ	Zip Code 85087	Amount of Each Receipt this Period Campaign Contribution 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 511.84		

Full Name (Last, First, Middle Initial) <b>B. DR W REID PITTS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 101 CENTRAL PARK W		<b>Transaction ID : SA11AI.53186</b>	
City NEW YORK	State NY	Zip Code 10023	Amount of Each Receipt this Period Campaign Contribution 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DOCTOR	Occupation DOCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. MRS MARJORIE ELWOOD POWELL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 265 S WASHINGTON ST		<b>Transaction ID : SA11AI.53214</b>	
City CONSTANTINE	State MI	Zip Code 49042	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS HELEN M PRESTON**

Mailing Address 900 N TAYLOR ST  
APT 1524

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53227**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**NORDY PRIERES**

Mailing Address 632 SW 13TH AVE

City MIAMI State FL Zip Code 33135

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
248.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : SA11AI.53235**

Amount of Each Receipt this Period  
80.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**LLOYD PUTMAN**

Mailing Address PO BOX 1655

City MILLS State WY Zip Code 82644

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
411.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53240**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

230.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LLOYD PUTMAN**

Mailing Address **PO BOX 1655**

City **MILLS** State **WY** Zip Code **82644**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**486.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.53239**

Amount of Each Receipt this Period  
**75.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**CONRAD S PUTZAN**

Mailing Address **316 MONCEAUX RD**

City **WEST PALM BEACH** State **FL** Zip Code **33405**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.53244**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JOAN B RAK**

Mailing Address **972 E CAMINO DIESTRO**

City **TUCSON** State **AZ** Zip Code **85704**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.53259**

Amount of Each Receipt this Period  
**300.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**395.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR IRWIN RASKIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 8735 GRASSY ISLE TRL		<b>Transaction ID : SA11AI.53266</b>
City LAKE WORTH	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 226.00	

Full Name (Last, First, Middle Initial) <b>MR ROBERT RATCLIFF</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 9154 CYPRESS TRL		<b>Transaction ID : SA11AI.53268</b>
City SEMINOLE	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>GLENN REINDERS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 3479 SHERMAN RD		<b>Transaction ID : SA11AI.53300</b>
City JACKSON	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GLENN REINDERS**

Mailing Address 3479 SHERMAN RD

City JACKSON State WI Zip Code 53037

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53301**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT G. RICHARDSON**

Mailing Address 4300 TIMBERCREST LN

City WACO State TX Zip Code 76705

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : SA11AI.53313**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS MARY K RIEG**

Mailing Address 502 N LATHAM ST

City ALEXANDRIA State VA Zip Code 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53321**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**385.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
278.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53329**

Amount of Each Receipt this Period  
18.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
298.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53331**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
338.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53332**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

78.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
385.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.53333**

Amount of Each Receipt this Period  
47.75

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
423.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53330**

Amount of Each Receipt this Period  
38.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR JAMES M RIZZO JR**

Mailing Address PO BOX 45236

City SOMERVILLE State MA Zip Code 02145

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : SA11AI.53337**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

135.75

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR B ROBARDS**

Mailing Address 10073 JEFFERSON HWY

City State Zip Code  
BATON ROUGE LA 70809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2014

**Transaction ID : SA11AI.53340**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**PHILIP R ROBBINS**

Mailing Address 1864 BLUEBONNET WAY

City State Zip Code  
Fleming Island FL 32003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 26 / 2014

**Transaction ID : SA11AI.53342**

Amount of Each Receipt this Period  
125.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR ROBERT J ROBERTS**

Mailing Address 4804 NW BETHANY BLVD  
STE 13 # 382

City State Zip Code  
PORTLAND OR 97229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
223.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2014

**Transaction ID : SA11AI.53344**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

210.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT J ROBERTS**

Mailing Address 4804 NW BETHANY BLVD  
STE 13 # 382

City PORTLAND State OR Zip Code 97229

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : SA11AI.53345**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR DELBERT R ROBINSON**

Mailing Address 801 ALABAMA ST

City LAKE ARTHUR State NM Zip Code 88253

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation IRRIGATION SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53351**

Amount of Each Receipt this Period  
75.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ANNADALE ROOPER**

Mailing Address 3722 W 8TH ST

City THE DALLES State OR Zip Code 97058

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53370**

Amount of Each Receipt this Period  
30.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

155.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANNADALE ROOPER**

Mailing Address 3722 W 8TH ST

City THE DALLES State OR Zip Code 97058

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53369**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH ROSAMILIA**

Mailing Address 600 JEFFERSON AVE  
APT 7

City AVON BY THE SEA State NJ Zip Code 07717

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation SECURITY GUARD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.53371**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS NANCY B ROTH**

Mailing Address 8545 CARMEL VALLEY RD

City CARMEL State CA Zip Code 93923

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53384**

Amount of Each Receipt this Period  
**250.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**325.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PEGGY SAUER**

Mailing Address 3100 EDWARD ST NE

City State Zip Code  
MINNEAPOLIS MN 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
540.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 08 / 2014

**Transaction ID : SA11AI.53434**

Amount of Each Receipt this Period  
10.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**PEGGY SAUER**

Mailing Address 3100 EDWARD ST NE

City State Zip Code  
MINNEAPOLIS MN 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
560.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2014

**Transaction ID : SA11AI.53433**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**PEGGY SAUER**

Mailing Address 3100 EDWARD ST NE

City State Zip Code  
MINNEAPOLIS MN 55418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
595.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : SA11AI.53435**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

65.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR KENNETH H SCHROM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address 1161 E 10TH ST		<b>Transaction ID : SA11AI.53463</b>	
City SALEM	State OH	Zip Code 44460	Amount of Each Receipt this Period Campaign Contribution 113.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 313.00		

Full Name (Last, First, Middle Initial) <b>B. MRS BARBARA P SCIDMORE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 5013 DORSETT DR		<b>Transaction ID : SA11AI.53473</b>	
City MADISON	State WI	Zip Code 53711	Amount of Each Receipt this Period Campaign Contribution 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation DOCTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. MS EVA F SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 15830 GADDES RD		<b>Transaction ID : SA11AI.53476</b>	
City AMELIA COURT HOUSE	State VA	Zip Code 23002	Amount of Each Receipt this Period Campaign Contribution 35.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 430.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JANET SESSIONS**

Mailing Address 121 WOODCREEK DR E

City SAFETY HARBOR State FL Zip Code 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53493**

Amount of Each Receipt this Period  
40.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**DAN SHAW**

Mailing Address PO BOX 472

City LAKE WALES State FL Zip Code 33859

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 14 / 2014

**Transaction ID : SA11AI.53510**

Amount of Each Receipt this Period  
35.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**DAN SHAW**

Mailing Address PO BOX 472

City LAKE WALES State FL Zip Code 33859

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53511**

Amount of Each Receipt this Period  
20.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

95.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HARVEY SHEREN**

Mailing Address 1001 ISLA VERDE SQ

City State Zip Code  
VERO BEACH FL 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53517**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**HARVEY SHEREN**

Mailing Address 1001 ISLA VERDE SQ

City State Zip Code  
VERO BEACH FL 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53518**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR FRED SIEBERT**

Mailing Address 1316 E CARPENTER DR

City State Zip Code  
PALATINE IL 60074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53531**

Amount of Each Receipt this Period  
300.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR M SIMPSON**

Mailing Address 435 MANZANITA AVE

City State Zip Code  
VENTURA CA 93001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2014

**Transaction ID : SA11AI.53543**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS DOROTHY SKASKIW**

Mailing Address 32433 WILLOW PARKE CIR

City State Zip Code  
FERNANDINA BEACH FL 32034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
247.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2014

**Transaction ID : SA11AI.53552**

Amount of Each Receipt this Period  
57.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS DOROTHY SKASKIW**

Mailing Address 32433 WILLOW PARKE CIR

City State Zip Code  
FERNANDINA BEACH FL 32034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
304.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : SA11AI.53554**

Amount of Each Receipt this Period  
57.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

164.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS DOROTHY SKASKIW**

Mailing Address 32433 WILLOW PARKE CIR

City FERNANDINA BEACH State FL Zip Code 32034

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **361.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53553**

Amount of Each Receipt this Period  
**57.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS RUBY M SMALLEY**

Mailing Address 978 NAPLES ST

City MENDOTA State CA Zip Code 93640

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **405.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53563**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR GEORGE A SMITH**

Mailing Address 142 FAWN DR

City WHITMORE LAKE State MI Zip Code 48189

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53568**

Amount of Each Receipt this Period  
**38.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**120.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR GEORGE A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 142 FAWN DR		<b>Transaction ID : SA11AI.53585</b>	
City WHITMORE LAKE	State MI	Zip Code 48189	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 35.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 510.00		

Full Name (Last, First, Middle Initial) <b>MR GEORGE A SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 142 FAWN DR		<b>Transaction ID : SA11AI.53578</b>	
City WHITMORE LAKE	State MI	Zip Code 48189	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 38.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 548.00		

Full Name (Last, First, Middle Initial) <b>DR HOWARD L SMITH M D</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 2904 DIAMOND A DR		<b>Transaction ID : SA11AI.53575</b>	
City ROSWELL	State NM	Zip Code 88201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 130.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 380.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY SMITH**

Mailing Address **6428 ROCKY LN**

City **PARADISE** State **CA** Zip Code **95969**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.53581**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MD DAVID L Sockler**

Mailing Address **8534 SAWYER BROWN RD**

City **NASHVILLE** State **TN** Zip Code **37221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Physician** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**318.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 02 / 2014**

**Transaction ID : SA11AI.53596**

Amount of Each Receipt this Period  
**95.50**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MD DAVID L Sockler**

Mailing Address **8534 SAWYER BROWN RD**

City **NASHVILLE** State **TN** Zip Code **37221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Physician** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**418.25**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53595**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**215.50**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS MADELEINE SOUDEE**

Mailing Address 2325 20TH ST NW

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **582.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : SA11AI.53598**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS MADELEINE SOUDEE**

Mailing Address 2325 20TH ST NW

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **617.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.53599**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**AVIS SPIES**

Mailing Address 60 HEYBURN RD

City CHADDS FORD State PA Zip Code 19317

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **601.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.53617**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**170.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR RICHARD STEIN**

Mailing Address 3355 ANNANDALE LN

City SUWANEE State GA Zip Code 30024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.53640**

Amount of Each Receipt this Period  
 Campaign Contribution **200.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR ROGER F STETSON**

Mailing Address 9225 CASCADE AVE APT 2204

City WEST DES MOINES State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.53650**

Amount of Each Receipt this Period  
 Campaign Contribution **100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MISS ANNEMARIE B STREIFINGER**

Mailing Address 530 ILLINOIS ST Apt C

City EL SEGUNDO State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53676**

Amount of Each Receipt this Period  
 Campaign Contribution **10.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**310.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MISS ANNEMARIE B STREIFINGER**

Mailing Address 530 ILLINOIS ST  
Apt C

City State Zip Code  
EL SEGUNDO CA 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : SA11AI.53678**

Amount of Each Receipt this Period  
**10.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MISS ANNEMARIE B STREIFINGER**

Mailing Address 530 ILLINOIS ST  
Apt C

City State Zip Code  
EL SEGUNDO CA 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**245.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : SA11AI.53677**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR DAVID STUMBAUGH**

Mailing Address 7623 HAYFIELD RD

City State Zip Code  
ALEXANDRIA VA 22315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**780.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : SA11AI.53692**

Amount of Each Receipt this Period  
**70.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR DAVID STUMBAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 7623 HAYFIELD RD		<b>Transaction ID : SA11AI.53693</b>	
City ALEXANDRIA	State VA	Amount of Each Receipt this Period Campaign Contribution 50.00	
Zip Code 22315		Amount of Each Receipt this Period Campaign Contribution 830.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 50.00	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period Campaign Contribution 50.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 830.00	Amount of Each Receipt this Period Campaign Contribution 50.00	

Full Name (Last, First, Middle Initial) <b>MR DAVID STUMBAUGH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 7623 HAYFIELD RD		<b>Transaction ID : SA11AI.53691</b>	
City ALEXANDRIA	State VA	Amount of Each Receipt this Period Campaign Contribution 70.00	
Zip Code 22315		Amount of Each Receipt this Period Campaign Contribution 900.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 70.00	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period Campaign Contribution 70.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	Amount of Each Receipt this Period Campaign Contribution 70.00	

Full Name (Last, First, Middle Initial) <b>DONALD KEARN SURGEON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address PO BOX 363		<b>Transaction ID : SA11AI.53706</b>	
City JERSEYVILLE	State IL	Amount of Each Receipt this Period Campaign Contribution 100.00	
Zip Code 62052		Amount of Each Receipt this Period Campaign Contribution 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Campaign Contribution 100.00	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period Campaign Contribution 100.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	Amount of Each Receipt this Period Campaign Contribution 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	220.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE S SZABO**

Mailing Address 105 KIRKWOOD DR

City OSHKOSH State WI Zip Code 54904

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.53717**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dina Talerico**

Mailing Address 20255 Ocean Key Dr.

City Boca Raton State FL Zip Code 33498

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 05 / 2014**

**Transaction ID : SA11AI.53724**

Amount of Each Receipt this Period  
**500.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**STANLEY TATE**

Mailing Address 9999 COLLINS AVE

City BAL HARBOUR State FL Zip Code 33154

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : SA11AI.53726**

Amount of Each Receipt this Period  
**35.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**570.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STANLEY TATE**

Mailing Address 9999 COLLINS AVE

City BAL HARBOUR State FL Zip Code 33154

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
485.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53727**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH TEMPLE JR**

Mailing Address 6996 SE HARBOR CIR

City STUART State FL Zip Code 34996

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : SA11AI.53737**

Amount of Each Receipt this Period  
200.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR JOSEPH TEMPLE JR**

Mailing Address 6996 SE HARBOR CIR

City STUART State FL Zip Code 34996

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : SA11AI.53738**

Amount of Each Receipt this Period  
200.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN TEMPLEMAN**

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**247.75**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53740**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**JOHN TEMPLEMAN**

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**297.75**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 25 / 2014**

**Transaction ID : SA11AI.53739**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**JOHN TEMPLEMAN**

Mailing Address 751 MORNINGSIDE DR

City LAKE FOREST State IL Zip Code 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**345.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : SA11AI.53742**

Amount of Each Receipt this Period  
**47.75**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**147.75**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN TEMPLEMAN**

Mailing Address 751 MORNINGSIDE DR

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
395.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11AI.53741**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MS JEANNETTE L THERRIault**

Mailing Address 2473 Old Richardson HWY

City State Zip Code  
NORTH POLE AK 99705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OFC WORK OFC WORK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
502.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 19 / 2014

**Transaction ID : SA11AI.53745**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MS JEANNETTE L THERRIault**

Mailing Address 2473 Old Richardson HWY

City State Zip Code  
NORTH POLE AK 99705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OFC WORK OFC WORK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
555.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53746**

Amount of Each Receipt this Period  
53.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

156.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS SARA THOMAS**

Mailing Address 177 N HIGHLAND ST  
APT 4207

City MEMPHIS State TN Zip Code 38111

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53749**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROY THOMPSON**

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1232.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : SA11AI.53753**

Amount of Each Receipt this Period  
120.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ROY THOMPSON**

Mailing Address 4208 N 27TH ST

City TACOMA State WA Zip Code 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1352.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53754**

Amount of Each Receipt this Period  
120.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

290.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>ROY THOMPSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 4208 N 27TH ST		<b>Transaction ID : SA11AI.53755</b>
City TACOMA	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1532.00	

Full Name (Last, First, Middle Initial) <b>MR ANGELO J TIEZZI</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 25 STEEPLECHASE DR		<b>Transaction ID : SA11AI.53762</b>
City NEWINGTON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 208.00	

Full Name (Last, First, Middle Initial) <b>MR ANGELO J TIEZZI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 25 STEEPLECHASE DR		<b>Transaction ID : SA11AI.53761</b>
City NEWINGTON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 261.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	268.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS MARINA TIMMERMANS**

Mailing Address 1703 MAIN ST

City LYNDEN State WA Zip Code 98264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **368.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 12 / 2014**

**Transaction ID : SA11AI.53765**

Amount of Each Receipt this Period  
**25.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR H JAMES TOFFEY**

Mailing Address 610 HERON POINT CT

City VERO BEACH State FL Zip Code 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53779**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS ELIZABETH TOULON**

Mailing Address PO BOX 666

City KOLOA State HI Zip Code 96756

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53782**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**175.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS ELIZABETH TOULON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address PO BOX 666		<b>Transaction ID : SA11AI.53783</b>	
City KOLOA	State HI	Amount of Each Receipt this Period 100.00 Campaign Contribution	
Zip Code 96756			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 825.00		

Full Name (Last, First, Middle Initial) <b>B. NORMAN D TROSHAK</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 128 MARCIA DR		<b>Transaction ID : SA11AI.53792</b>	
City LANSING	State MI	Amount of Each Receipt this Period 60.00 Campaign Contribution	
Zip Code 48917			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00		

Full Name (Last, First, Middle Initial) <b>C. NORMAN D TROSHAK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 128 MARCIA DR		<b>Transaction ID : SA11AI.53793</b>	
City LANSING	State MI	Amount of Each Receipt this Period 60.00 Campaign Contribution	
Zip Code 48917			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 585.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS BETTY G TWAY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 9601 SOUTHBROOK DR APT S315		<b>Transaction ID : SA11AI.53811</b>	
City JACKSONVILLE State FL Zip Code 32256	Amount of Each Receipt this Period Campaign Contribution 10.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 210.00		

Full Name (Last, First, Middle Initial) <b>B. MS BETTY G TWAY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 9601 SOUTHBROOK DR APT S315		<b>Transaction ID : SA11AI.53812</b>	
City JACKSONVILLE State FL Zip Code 32256	Amount of Each Receipt this Period Campaign Contribution 40.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 250.00		

Full Name (Last, First, Middle Initial) <b>C. MR LOUIS N VAGO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 10686 AVENUE OF P G A		<b>Transaction ID : SA11AI.53826</b>	
City PALM BEACH GARDENS State FL Zip Code 33418	Amount of Each Receipt this Period Campaign Contribution 50.00		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Campaign Contribution 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	Campaign Contribution 100.00
<b>TOTAL</b> This Period (last page this line number only).....	Campaign Contribution

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOHN VALERIUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2014
Mailing Address 1909 CANTERBURY ST		<b>Transaction ID : SA11AI.53830</b>
City IRVING	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR CLARK VANDERHOOF</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 6787 S 2300 E		<b>Transaction ID : SA11AI.53840</b>
City COTTONWOOD HEIGHTS	State UT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 220.00	

Full Name (Last, First, Middle Initial) <b>HELEN VON QUINTUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 11 / 2014
Mailing Address PO BOX 151685		<b>Transaction ID : SA11AI.53860</b>
City AUSTIN	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RODGER WASSERMAN**

Mailing Address 450 ALTON RD  
APT 1407

City MIAMI BEACH State FL Zip Code 33139

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : SA11AI.53889**

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MRS ANNIE H. WEEKS**

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
556.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.53897**

Amount of Each Receipt this Period  
70.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MRS ANNIE H. WEEKS**

Mailing Address 3411 ROCK LN

City IRONDALE State AL Zip Code 35210

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
606.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53898**

Amount of Each Receipt this Period  
50.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

620.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>LARRY W WEIDIG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 3819 S 18TH ST		<b>Transaction ID : SA11AI.53899</b>
City SHEBOYGAN	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>DEANE WELCH</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 129 N 2ND ST		<b>Transaction ID : SA11AI.53904</b>
City OAK HILL	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 215.00	

Full Name (Last, First, Middle Initial) <b>DEANE WELCH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 129 N 2ND ST		<b>Transaction ID : SA11AI.53905</b>
City OAK HILL	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RETIRED	Occupation RETIRED	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR BOYCE H. WELLS**

Mailing Address 220 FM 251 S

City ATLANTA State TX Zip Code 75551

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : SA11AI.53907**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR LOGAN WENGER**

Mailing Address N6527 PECK STATION RD

City ELKHORN State WI Zip Code 53121

FEC ID number of contributing federal political committee. **C**

Name of Employer Millard Machine Occupation OWNER/MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.53911**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City FREDERICKSBURG State VA Zip Code 22406

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : SA11AI.53920**

Amount of Each Receipt this Period  
**30.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**180.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City State Zip Code  
FREDERICKSBURG VA 22406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.53923**

Amount of Each Receipt this Period  
 Campaign Contribution 30.00

**B.** Full Name (Last, First, Middle Initial)  
**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City State Zip Code  
FREDERICKSBURG VA 22406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
255.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : SA11AI.53922**

Amount of Each Receipt this Period  
 Campaign Contribution 20.00

**C.** Full Name (Last, First, Middle Initial)  
**FAYE I WESTALL**

Mailing Address 145 SMITHFIELD WAY

City State Zip Code  
FREDERICKSBURG VA 22406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53921**

Amount of Each Receipt this Period  
 Campaign Contribution 35.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

85.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**robert white**

Mailing Address 909 Stillwater Court

City weston State FL Zip Code 33327

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
238.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.53936**

Amount of Each Receipt this Period  
238.75

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**MR FRED WILDER**

Mailing Address 2229 SIDNEY DR

City GAINESVILLE State GA Zip Code 30506

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : SA11AI.53954**

Amount of Each Receipt this Period  
100.00

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**MR WALTER WILLIAMS**

Mailing Address 1100 SW SHORELINE DR  
APT 325

City PALM CITY State FL Zip Code 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
335.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11AI.53961**

Amount of Each Receipt this Period  
300.00

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

638.75

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM WOOD JR</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 491 CABIN RD		<b>Transaction ID : SA11AI.53987</b>	
City WETUMPKA	State AL	Zip Code 36093	Amount of Each Receipt this Period Campaign Contribution 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. PIERS WOODRIFF</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2014	
Mailing Address PO BOX 503		<b>Transaction ID : SA11AI.53991</b>	
City SOMERSET	State VA	Zip Code 22972	Amount of Each Receipt this Period Campaign Contribution 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00		

Full Name (Last, First, Middle Initial) <b>C. MS ELIZABETH WOOLDRIDGE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 6409 VIENNA PL		<b>Transaction ID : SA11AI.53994</b>	
City BAKERSFIELD	State CA	Zip Code 93306	Amount of Each Receipt this Period Campaign Contribution 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS ELIZABETH WOOLDRIDGE**

Mailing Address 6409 VIENNA PL

City BAKERSFIELD State CA Zip Code 93306

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : SA11AI.53995**

Amount of Each Receipt this Period  
**20.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT D YOUNG**

Mailing Address 2849 CAPISTRANO WAY

City NAPLES State FL Zip Code 34105

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.54021**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT D YOUNG**

Mailing Address 2849 CAPISTRANO WAY

City NAPLES State FL Zip Code 34105

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11AI.54025**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**220.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 157
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA ZINK**

Mailing Address **PO BOX 1676**

City **VISTA** State **CA** Zip Code **92085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : SA11AI.54037**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA ZINK**

Mailing Address **PO BOX 1676**

City **VISTA** State **CA** Zip Code **92085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : SA11AI.54036**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**200.00**

**43896.54**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 157
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<b>Transaction ID : SA11D.50919</b>
City WESTON State FL Zip Code 33331	FEC ID number of contributing federal political committee. <b>C H2FL20043</b>	Amount of Each Receipt this Period 6000.00
Name of Employer SELF Occupation CANDIDATE	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Campaign Loan
Election Cycle-to-Date 6000.00		

Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		<b>Transaction ID : SA11D.50922</b>
City WESTON State FL Zip Code 33331	FEC ID number of contributing federal political committee. <b>C H2FL20043</b>	Amount of Each Receipt this Period 6000.00
Name of Employer loan Occupation loan	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Campaign Loan
Election Cycle-to-Date 25000.00		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City State Zip Code	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 157
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOE KAUFMAN**

Mailing Address 2645 EXECUTIVE PARK DRIVE # 512

City WESTON State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C** H2FL20043

Name of Employer loan Occupation loan

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
19000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA13A.50920**

Amount of Each Receipt this Period  
6000.00

Caampaign Loan

**B.** Full Name (Last, First, Middle Initial)  
**JOE KAUFMAN**

Mailing Address 2645 EXECUTIVE PARK DRIVE # 512

City WESTON State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C** H2FL20043

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
12000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : SA13A.50921**

Amount of Each Receipt this Period  
6000.00

Campaign Loan

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

12000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 157
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Base Connect</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2014
Mailing Address 29243 St Just Drive		<b>Transaction ID : SA14.54048</b>
City Unionville	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer REIMBURSEMENT	Occupation	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10000.00	

Full Name (Last, First, Middle Initial) <b>City of Aventura</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 12 / 2014
Mailing Address 19200 West Country Club Drive		<b>Transaction ID : SA14.54049</b>
City Aventura	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer REFUND	Occupation	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Joe Kaufman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2014
Mailing Address 8708 NW 82. st.		<b>Transaction ID : SA14.52491</b>
City Tamarac	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self Employed	Occupation Investigative Journalist	Reimbursement
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15500.00
<b>TOTAL</b> This Period (last page this line number only).....	15500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 7001 N University Dr		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : SB17.50994</b>
City Tamarac	State FL	
Zip Code 33321	Purpose of Disbursement Adj/Corr Of Posted Item	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Broward Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 150 S. Andrew Ave. Suite 370		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.50999</b>
City Pompano Beach	State FL	
Zip Code 33069	Purpose of Disbursement Lincoln Day Dinner	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL CAGING CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 1471.92 <b>Transaction ID : SB17.51003</b>
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1751.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CENTURY DATA MAILING SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 1155 - 15TH STREET, NW Suite 410		Amount of Each Disbursement this Period 19082.88 <b>Transaction ID : SB17.51005</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Program:Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CENTURY DATA MAILING SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 1155 - 15TH STREET, NW Suite 410		Amount of Each Disbursement this Period 3909.05 <b>Transaction ID : SB17.51004</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Direct Mail Prog:Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. City of Aventura</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 19200 West Country Club Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.51012</b>
City Aventura State FL Zip Code 33180	Purpose of Disbursement Deposit yard signs	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23491.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 157		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Cooper City</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 9090 SW 50TH PLACE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51014</b>
City Cooper City	State FL	
Zip Code 33329	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. City of Davie</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 6591 Orange Drive		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.51018</b>
City Davie	State FL	
Zip Code 33314	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. City of Miami</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 40 NW 3rd St #1103		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51022</b>
City Miami	State FL	
Zip Code 33128	Purpose of Disbursement Deposit yard signs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. City of Miami</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 40 NW 3rd St #1103		Amount of Each Disbursement this Period 1.50 <b>Transaction ID : SB17.51023</b>
City Miami	State FL Zip Code 33128	
Purpose of Disbursement parking	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. City of Pembroke Pines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 10100 Pines Blvd.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.51025</b>
City Pembroke Pines	State FL Zip Code 33026	
Purpose of Disbursement Deposit yard signs	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COLORTREE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address PO BOX 28960		Amount of Each Disbursement this Period 4802.16 <b>Transaction ID : SB17.51027</b>
City HENRICO	State VA Zip Code 23228	
Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5303.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COLORTREE GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address PO BOX 28960		Amount of Each Disbursement this Period 7380.12 <b>Transaction ID : SB17.51026</b>
City HENRICO	State VA	
Zip Code 23228	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONSOLIDATED MAILING SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 504 SHAW ROAD SUITE 206		Amount of Each Disbursement this Period 2729.60 <b>Transaction ID : SB17.51028</b>
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 365.51 <b>Transaction ID : SB17.51034</b>
City ARLINGTON	State VA	
Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10475.23
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 691.14 <b>Transaction ID : SB17.51032</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/ Mailshop	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 1900 N CULPEPER STREET		Amount of Each Disbursement this Period 1637.47 <b>Transaction ID : SB17.51033</b>
City ARLINGTON State VA Zip Code 22207	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Esprit Capital Advisors</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 500 Three Islands Blvd. Suite 921		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.51041</b>
City Hallandale Beach State FL Zip Code 33009	Purpose of Disbursement Robocalls	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3228.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 35.00	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51051	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 35.00	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51052	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 119.60	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SB17.51047	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 12.92
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Candidate Name	Transaction ID : SB17.51048
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 42.25
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Candidate Name	Transaction ID : SB17.51049
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 11325 Random Hills Road			Amount of Each Disbursement this Period 148.12
City Fairfax	State VA	Zip Code 22030	
Purpose of Disbursement Indirect Prog Exp:Bk Charges		Candidate Name	Transaction ID : SB17.51050
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	203.29
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 42.01 <b>Transaction ID : SB17.51053</b>
City FORT LAUDERDALE	State FL	
Zip Code 33321	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 40.32 <b>Transaction ID : SB17.51054</b>
City FORT LAUDERDALE	State FL	
Zip Code 33321	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 1120.00 <b>Transaction ID : SB17.51060</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Brochure Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1202.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.51061</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : SB17.51062</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 95.00 <b>Transaction ID : SB17.51063</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ID Print World</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2333 Sterling R.		Amount of Each Disbursement this Period 4867.69 <b>Transaction ID : SB17.51064</b>
City Fort Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTEGRAM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 22695 Commerce Center Court		Amount of Each Disbursement this Period 3972.69 <b>Transaction ID : SB17.51065</b>
City Dulles	State VA	
Zip Code 20166	Purpose of Disbursement Direct Mail Prog:Print/Mailshop	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kim Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 2401 S Ocean Drive		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.51169</b>
City Hollywood	State FL	
Zip Code 33019	Purpose of Disbursement Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4867.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 157		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 560.00 <b>Transaction ID : SB17.51171</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement reimburse Gas	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>B. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : SB17.51173</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement reimburse Gas	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>C. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.51178</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement Loan reimburse	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1770.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOE KAUFMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.51179</b>
City WESTON State FL Zip Code 33331	Purpose of Disbursement Loan reimburse	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 23		

Full Name (Last, First, Middle Initial) <b>B. KOSHER CENTRAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 5650 Stirling Rd		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : SB17.51069</b>
City Hollywood State FL Zip Code 33021	Purpose of Disbursement Primary Open House	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 78.78 <b>Transaction ID : SB17.51167</b>
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1808.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 286.28 <b>Transaction ID : SB17.51174</b>
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 192.00 <b>Transaction ID : SB17.51177</b>
City MARGATE State FL Zip Code 33063	Purpose of Disbursement Office Supplies, Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 1176.00 <b>Transaction ID : SB17.51079</b>
City Oakland Park State FL Zip Code 33334	Purpose of Disbursement Palm card printing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1654.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 397.50 <b>Transaction ID : SB17.51080</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 662.50 <b>Transaction ID : SB17.51081</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. LCS Mailing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 5055 NE 13th. Ave.		Amount of Each Disbursement this Period 1653.60 <b>Transaction ID : SB17.51082</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2713.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A. Modern Work Space**

Full Name (Last, First, Middle Initial)  
Mailing Address 2514 Hollywood Blvd

City Hollywood State FL Zip Code 33021

Purpose of Disbursement Office space

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 09 / 2014

Amount of Each Disbursement this Period: 1060.00

Transaction ID : SB17.51094

**B. POSTMASTER**

Full Name (Last, First, Middle Initial)  
Mailing Address 6759 sw 196th ave

City FORT LAUDERDALE State FL Zip Code 33332

Purpose of Disbursement Postage Deposit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 19 / 2014

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.51102

**C. Printmaster**

Full Name (Last, First, Middle Initial)  
Mailing Address 5220 NE 12th Ave

City Oakland Park State FL Zip Code 33334

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 14 / 2014

Amount of Each Disbursement this Period: 1585.00

Transaction ID : SB17.51103

**SUBTOTAL** of Disbursements This Page (optional) ..... 3395.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Printmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 5220 NE 12th Ave		Amount of Each Disbursement this Period 2548.80 <b>Transaction ID : SB17.51104</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Publix</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 3251 Hollywood Blvd		Amount of Each Disbursement this Period 28.12 <b>Transaction ID : SB17.51105</b>
City Hollywood	State FL	
Zip Code 33021	Purpose of Disbursement Volunteer Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Publix</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 3251 Hollywood Blvd		Amount of Each Disbursement this Period 6.78 <b>Transaction ID : SB17.51108</b>
City Hollywood	State FL	
Zip Code 33021	Purpose of Disbursement Lunch	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2583.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIMPKINS ESCROW LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 312.03 <b>Transaction ID : SB17.51121</b>
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SIMPKINS ESCROW LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 223.81 <b>Transaction ID : SB17.51120</b>
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. T-MOBILE.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address T-MOBILE.COM		Amount of Each Disbursement this Period 338.60 <b>Transaction ID : SB17.51140</b>
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Cell phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	874.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 157			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 3850.00
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 240.00
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 2140.00
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6230.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 157			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51145</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : SB17.51146</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.51147</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.51148</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.51149</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 3350 ne 12th ave		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : SB17.51151</b>
City Oakland Park	State FL	
Zip Code 33334	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 142 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.51152</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.51153</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3350 NE 12th Ave		Amount of Each Disbursement this Period 8800.00 <b>Transaction ID : SB17.51154</b>
City Oakland Park	State FL	
Zip Code 33351	Purpose of Disbursement Postmaster USPS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 157	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINN-DIXI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 7015 N University Dr		Amount of Each Disbursement this Period 67.88
City Tamarac State FL Zip Code 33321	Purpose of Disbursement Event supplies	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51163</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WIZO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 1150 Kane Concourse 5th Floor		Amount of Each Disbursement this Period 300.00
City #1 Bay Harbor Islands State FL Zip Code 33154	Purpose of Disbursement Event	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51165</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Edward Zucker</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2645 Executive Park Dr Ste 512		Amount of Each Disbursement this Period 585.48
City Weston State FL Zip Code 33331	Purpose of Disbursement Gas, Office Supplies	
Candidate Name	Category/Type	<b>Transaction ID : SB17.51176</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	953.36
<b>TOTAL</b> This Period (last page this line number only).....	89622.42

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.48978**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN FOR CONGRESS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		

City WESTON	State FL	ZIP Code 33331
----------------	-------------	-------------------

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred M 04 / D 24 / Y 2014	Date Due M M / D D / Y Y Y Y Upon demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.48979

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JOE KAUFMAN FOR CONGRESS**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11000.00

0.00

11000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 30 D

Y 2014 Y

M M

D D

Upon demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

11000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE  
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3248.21

0.00

3248.21

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07

D 01

Y 2011 Y

M M

D D

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3248.21

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9126**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	3800.00	1200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	1200.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:150px" type="text"/>

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.20680

## JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

### JOE KAUFMAN

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

### TERMS

Date Incurred

06 / 20 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22542

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M 07 / D 05 / Y 2012 Y

Date Due

M / D / Y Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22543

## JOE KAUFMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

### JOE KAUFMAN

Primary  
 General  
 Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

13

2012

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22544

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

16

2012

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3200.00

Cumulative Payment To Date

823.50

Balance Outstanding at Close of This Period

2376.50

**TERMS**

Date Incurred

08 / 15 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

2376.50

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.50920

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2014

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

6000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.50921**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 20 / Y 2014 Y	M / D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="6000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="43324.71"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 155 OF 157
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BASE CONNECT, INC.</b>		Nature of Debt (Purpose): Direct Mail Creative Fees
Mailing Address 1155 15th St NW STE 410		
City State	Zip Code	
Washington DC	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33907</b>	
<input type="text" value="20235.44"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="20235.44"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CENTURY DATA SYSTEMS CORP</b>		Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 1155 - 15TH STREET, NW		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33908</b>	
<input type="text" value="6552.89"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6552.89"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECT MAIL PROCESSORS, INC.</b>		Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 2976 Penwick Lane		
City State	Zip Code	
Dunkirk MD	20754	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33909</b>	
<input type="text" value="102.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="102.55"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="26890.88"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**INTEGRAM**

Mailing Address 22695 Commerce Center Court

City State Zip Code  
 Dulles VA 20166

Nature of Debt (Purpose):  
 Direct Mail Program Printing & Mailshop

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33910</b>	
10210.45		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	10210.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LEGACY LISTS, INC. - BROKERAGE**

Mailing Address 1155 - 15TH STREET, NW  
 SUITE 410

City State Zip Code  
 WASHINGTON DC 20005

Nature of Debt (Purpose):  
 Direct Mail List Rental

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33911</b>	
6327.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6327.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LEGACY LISTS, INC. - MANAGEMENT**

Mailing Address 1155 15th St NW

City State Zip Code  
 Washington FL 20005

Nature of Debt (Purpose):  
 Direct Mail List Management

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33912</b>	
6769.75		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	6769.75

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	23308.01
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SIMPKINS ESCROW LLC**

Nature of Debt (Purpose):  
Indirect Prog Exp Caging & Escrow

Mailing Address 29243 St Just Dr

City State Zip Code  
UNIONVILLE VA 22567

Outstanding Balance Beginning This Period  
93.00

Transaction ID : SD10.33913

Amount Incurred This Period  
0.00

Payment This Period  
0.00

Outstanding Balance at Close of This Period  
93.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

93.00

50291.89

43324.71

93616.60